FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization This is an amended* Statement of Organization AMENDE OF THE PROPERTY OF THE PROP	IA ETHICS AND PAIGH DISCUSSION PAIGH	FORM STATEMENT DR-1 OF (Rev. 07/2009) ORGANIZATION
making expenditures, or incurring indebtedness exceeding \$750. Amount a change. Penalties may be imposed for late-filed Statements of Organization must be filed within 10 days of the committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office so	mmittee's accepting contributions, ende must be filed within 30 days of lice with an or an acceptance of days either a new or amended ught.	For Office Use Only Comm. # Indexed Audited Computer
COMMITTEE NAME	e candidate's last name in the name of	the committee.) If amending committee name,
IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (5) County Candidate (6) City Candidate (7) School Board or Other F (10) School Board or Other Political Subdivision PAC (11) Local Ball)Statewide PAC(3)State Party(4) Political Subdivision Candidate(8) ot Issue (including committee invol	County Central Committee County PAC (9)City PAC ved in multiple city/county ballot issues)
COMMITTEE TREASURER (mandatory for all committees) Name BOESEN TR Mailing Address DON LEE C+	COMMITTEE CHAIR (manda Name ↓ ↓ Mailing Address ↓ ↓	ntory except for a candidate's committee)
City State 1	City, State ↓ ↓ Zip Code ↓ ↓ Phone ()_	
INDICATE PURPOSE OF COMMITTEE - Check One Box Comment or description: All Candidates Enter:	Adv	vocate against hallot issue(s)
Office Sought: DES MOINES SCHOX BOAR Political Party (if applicable) District: DES MOINES	County:	d Local Ballot Committees Enter:
Year Standing for Election: 209 Bank Account Name (must match committee name)	Date of Election: Candidate name & Address or Part African Af	rent Entity (PACs, if applicable).
Name of Financial Institution/type of Account LOWA STATE BANK	Mailing Address J J DON L	SOESEN EE COURT
Mailing Address \downarrow	DES MOINES Phone (SK) 240 -	State \downarrow \downarrow $Zip \downarrow \downarrow$ \uparrow
STATEMENT OF AFFIRMATION: By filing this document the committee affirm	e-Mail BOESENDM	JA @ AOL COM
 The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the lowa Administrative Code. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a condidate). 		
imposition of other criminal and civil sanctions. 3. That Iowa Code section 68A 405 and rules 351—4 38 through 4.43 society than	to the automatic asse	ssment of a civil penalty and the possible
does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in 4. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the issue PACs.	ries to register a committee name for pur n lieu of filing this form. receipt of corporate contributions by all co	poses of using the shorter "paid for by" and ommittees except for statewide and local ballot
 5. A candidate and a candidate's committee may only expend campaign funds as p 6. That the committee will continue to file disclosure reports until all activity has ceadissiplution (OR-3) has been filed. 	permitted by Iowa code sections 68A.301 ased, committee funds spent, debts resolution	through 68A.303 and rule 351—4.25, ved, and a final report and a statement of
Signate à l'étasurér	$\frac{9}{3}$	Date Signer
Signature of Candidate, OR, for all other committees, Chairperson		alte Signed